## Case 19-14098-JDW Doc 1 Filed 10/08/19 Entered 10/08/19 16:10:14 Desc Main Document Page 1 of 53

Fill in this information to identify your case:		
United States Bankruptcy Court for the:		
NORTHERN DISTRICT OF MISSISSIPPI		
Case number (if known)	Chapter you are filing under:	
	■ Chapter 7	
	☐ Chapter 11	
	☐ Chapter 12	
	☐ Chapter 13	☐ Check if this is an amended filing

## Official Form 101

## Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

Pai	rt 1:	Identify Yourself			
			About Debtor 1:		About Debtor 2 (Spouse Only in a Joint Case):
1.	You	ır full name			
	Writ	e the name that is on	Amanda		
	pictu	government-issued ure identification (for mple, your driver's	First name	-	First name
	licer	nse or passport).	Middle name		Middle name
	Brin	g your picture	Hopkins		
	mee	ntification to your eting with the trustee.	Last name and Suffix (Sr., Jr., II, III)		Last name and Suffix (Sr., Jr., II, III)
2.	use Inclu	other names you have d in the last 8 years ude your married or den names.	FKA Amanda Kennedy		
3.	Only you num Indi Ider	y the last 4 digits of r Social Security nber or federal vidual Taxpayer ntification number	xxx-xx-3557		
	(ITI)	N)			

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Debtor 1 Amanda Hopkins

Case number (if known)

		About Debtor 1:	About Debtor 2 (Spouse Only in a Joint Case):		
4.	Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names	■ I have not used any business name or EINs.  Business name(s)  EINs	☐ I have not used any business name or EINs.  Business name(s)  EINs		
5.	Where you live	200 W Elder Ave	If Debtor 2 lives at a different address:		
		Holly Springs, MS 38635  Number, Street, City, State & ZIP Code	Number, Street, City, State & ZIP Code		
Marshall					
	County  If your mailing address is different from the one		County  If Debtor 2's mailing address is different from yours, fill it		
	above, fill it in here. Note that the court will send any notices to you at this mailing address.		in here. Note that the court will send any notices to this mailing address.		
		Number, P.O. Box, Street, City, State & ZIP Code	Number, P.O. Box, Street, City, State & ZIP Code		
6.	Why you are choosing	Check one:	Check one:		
	this district to file for bankruptcy	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.	Over the last 180 days before filing this petition, I have lived in this district longer than in any other district.		
		☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)	☐ I have another reason. Explain. (See 28 U.S.C. § 1408.)		

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Case number (if known) Debtor 1 Amanda Hopkins

ar	t 2: Tell the Court About	Your I	Bankruptcy Ca	ise				
7.	The chapter of the Bankruptcy Code you are				n of each, see <i>Notice</i> of page 1 and check t		v 11 U.S.C. § 342(b) for Individuals Filing for Batte box.	nkruptcy
	choosing to file under	■ Chapter 7						
			Chapter 11					
			Chapter 12					
			Chapter 13					
3.	How you will pay the fee		about how yo	u may pay. Ty attorney is sub	pically, if you are pay	ring the fee y	ck with the clerk's office in your local court for n ourself, you may pay with cash, cashier's check half, your attorney may pay with a credit card or	k, or money
		□ I need to pay the fee in installments. If you choose this option, sign and attach the Application for I. The Filing Fee in Installments (Official Form 103A).						als to Pay
			but is not req applies to you	uired to, waive ur family size a	your fee, and may don't not you are unable to	o so only if yo pay the fee i	on only if you are filing for Chapter 7. By law, a jour income is less than 150% of the official povin installments). If you choose this option, you ricial Form 103B) and file it with your petition.	erty line that
).	Have you filed for bankruptcy within the	■ N	lo.					
	last 8 years?	ПΥ	es.					
			District		Whe			
			District		Whe			
			District		Whe	en	Case number	
10.	Are any bankruptcy	■ N						
	cases pending or being filed by a spouse who is not filing this case with you, or by a business partner, or by an affiliate?	ПΥ	'es.					
			Debtor				Relationship to you	
			District		Whe	en	Case number, if known	
			Debtor				Relationship to you	
			District		Whe	en	Case number, if known	
11.	Do you rent your		lo. Go to l	ine 12.				
	residence?	<b>■</b> Y	es. Has yc	ur landlord obt	tained an eviction jud	gment again	st you?	
		- •		No. Go to line	: 12.			
			_		nitial Statement Abou	ıt an Eviction	Judgment Against You (Form 101A) and file it	with this

Debtor 1	Amanda Hopkins	Document	Page 4 of 53	Case number (if known)	
Part 3:	Report About Any Businesses You Own as a	Sole Proprietor			

Par	Report About Any Bu	sinesses	You Owr	n as a Sole Propriet	or			
12.	Are you a sole proprietor of any full- or part-time business?	■ No.	Go to	Part 4.				
		☐ Yes.	Name	e and location of bus	iness			
	A sole proprietorship is a business you operate as an individual, and is not a separate legal entity such as a corporation, partnership, or LLC.		Name	Name of business, if any				
If you have more than one sole proprietorship, use a separate sheet and attach					e & ZIP Code			
	it to this petition.		Chec	k the appropriate bo.	x to describe your business:			
☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))				ess (as defined in 11 U.S.C. § 101(27A))				
				Single Asset Real	Estate (as defined in 11 U.S.C. § 101(51B))			
				Stockbroker (as de	efined in 11 U.S.C. § 101(53A))			
				Commodity Broke	r (as defined in 11 U.S.C. § 101(6))			
				None of the above				
13.	Are you filing under Chapter 11 of the Bankruptcy Code and are you a small business debtor?	deadlines operation	are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate less. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of ons, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure .S.C. 1116(1)(B).					
	For a definition of small	■ No.	I am ı	I am not filing under Chapter 11.				
	business debtor, see 11 U.S.C. § 101(51D).	□ No.	I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankrupt Code.					
		☐ Yes.	I am f	iling under Chapter	11 and I am a small business debtor according to the definition in the Bankruptcy Code.			
Par	t 4: Report if You Own or	Have Any	Hazardo	ous Property or Any	y Property That Needs Immediate Attention			
14.	Do you own or have any	■ No.						
	property that poses or is alleged to pose a threat of imminent and identifiable hazard to	☐ Yes.	What is	the hazard?				
	public health or safety? Or do you own any property that needs			diate attention is				
	immediate attention?		needed,	why is it needed?				
	For example, do you own perishable goods, or livestock that must be fed, or a building that needs urgent repairs?		Where is	s the property?	Number, Street, City, State & Zip Code			
					Hambor, Orlow, Orly, State & Zip Gode			

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Debtor 1 Amanda Hopkins

Case number (if known)

Part 5:

### **Explain Your Efforts to Receive a Briefing About Credit Counseling**

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

#### **About Debtor 1:**

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

#### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### □ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

### About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

□ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

I am not required to receive a briefing about credit
counseling because of:

### ☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

#### ☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

#### ☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

Document Page 6 of 53 Case number (if known) Debtor 1 **Amanda Hopkins** Part 6: **Answer These Questions for Reporting Purposes** 16. What kind of debts do 16a. Are your debts primarily consumer debts? Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an you have? individual primarily for a personal, family, or household purpose." ☐ No. Go to line 16b. Yes. Go to line 17. 16b. Are your debts primarily business debts? Business debts are debts that you incurred to obtain money for a business or investment or through the operation of the business or investment. ☐ No. Go to line 16c. ☐ Yes. Go to line 17. 16c. State the type of debts you owe that are not consumer debts or business debts 17. Are you filing under I am not filing under Chapter 7. Go to line 18. ☐ No. Chapter 7? Do you estimate that I am filing under Chapter 7. Do you estimate that after any exempt property is excluded and administrative expenses Yes. after any exempt are paid that funds will be available to distribute to unsecured creditors? property is excluded and administrative expenses No are paid that funds will be available for ☐ Yes distribution to unsecured creditors? 18. How many Creditors do 1-49 **1**,000-5,000 **25,001-50,000** you estimate that you **5001-10,000 5**0,001-100,000 **50-99** owe? **1**0,001-25,000 ☐ More than 100,000 **1**00-199 **200-999** 19. How much do you □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion \$0 - \$50.000 estimate your assets to □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion □ \$50,001 - \$100,000 be worth? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 ☐ More than \$50 billion □ \$100,000,001 - \$500 million □ \$500.001 - \$1 million 20. How much do you □ \$0 - \$50,000 □ \$1,000,001 - \$10 million □ \$500,000,001 - \$1 billion estimate your liabilities □ \$10,000,001 - \$50 million □ \$1,000,000,001 - \$10 billion \$50,001 - \$100,000 to be? □ \$50,000,001 - \$100 million □ \$10,000,000,001 - \$50 billion □ \$100,001 - \$500,000 □ \$100,000,001 - \$500 million ☐ More than \$50 billion □ \$500,001 - \$1 million Sign Below Part 7: For you I have examined this petition, and I declare under penalty of perjury that the information provided is true and correct. If I have chosen to file under Chapter 7, I am aware that I may proceed, if eligible, under Chapter 7, 11,12, or 13 of title 11, United States Code. I understand the relief available under each chapter, and I choose to proceed under Chapter 7. If no attorney represents me and I did not pay or agree to pay someone who is not an attorney to help me fill out this document, I have obtained and read the notice required by 11 U.S.C. § 342(b). I request relief in accordance with the chapter of title 11. United States Code, specified in this petition. I understand making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Amanda Hopkins Signature of Debtor 2 **Amanda Hopkins** Signature of Debtor 1 Executed on October 8, 2019 Executed on

MM / DD / YYYY

MM / DD / YYYY

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Debtor 1 Amanda Hopkins Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

/s/ Robert H. Lomenick	Date	October 8, 2019
Signature of Attorney for Debtor		MM / DD / YYYY
Robert H. Lomenick 104186		
Printed name		
Schneller & Lomenick, P.A.		
Firm name		
126 North Spring Street		
Post Office Box 417		
Holly Springs, MS 38635		
Number, Street, City, State & ZIP Code		
Contact phone <b>662-252-3224</b>	Email address	rlomenick@gmail.com
104186 MS		
Par number & State		

		17/1/11/11			
Fill in this infor	mation to identify your	case:			
Debtor 1	Amanda Hopkins	•			
	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF MISSISSIPPI		
Case number					
(if known)				I	☐ Check if this is an amended filing

### Official Form 106Sum

### Summary of Your Assets and Liabilities and Certain Statistical Information

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Fill out all of your schedules first; then complete the information on this form. If you are filing amended schedules after you file your original forms, you must fill out a new *Summary* and check the box at the top of this page.

Par	Summarize Your Assets		
		Your as	ssets f what you own
1.	Schedule A/B: Property (Official Form 106A/B)  1a. Copy line 55, Total real estate, from Schedule A/B	\$	0.00
	1b. Copy line 62, Total personal property, from Schedule A/B	\$	23,737.00
	1c. Copy line 63, Total of all property on Schedule A/B	\$	23,737.00
<sup>o</sup> ar	t 2: Summarize Your Liabilities		
			abilities you owe
2.	Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D)  2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D	\$	10,636.95
3.	Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F	\$	0.0
	3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F	\$	61,749.1
	Your total liabilities	\$	72,386.10
Par	t3: Summarize Your Income and Expenses		
4.	Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I	\$	2,341.29
5.	Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J	\$	2,333.00
Par	4: Answer These Questions for Administrative and Statistical Records		
6.	Are you filing for bankruptcy under Chapters 7, 11, or 13?  No. You have nothing to report on this part of the form. Check this box and submit this form to the court with your	r other sch	edules.
7.	■ Yes What kind of debt do you have?		

- Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.
- Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

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8.	From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form
	122A-1 Line 11; <b>OR</b> , Form 122B Line 11; <b>OR</b> , Form 122C-1 Line 14.

1,859.07 \$

Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

	Total claim	
From Part 4 on Schedule E/F, copy the following:		
9a. Domestic support obligations (Copy line 6a.)	\$	0.00
9b. Taxes and certain other debts you owe the government. (Copy line 6b.)	\$	0.00
9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.)	\$	0.00
9d. Student loans. (Copy line 6f.)	\$	0.00
9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.)	\$	0.00
9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.)	+\$	0.00
9g. <b>Total.</b> Add lines 9a through 9f.	\$	0.00

		Document	Page 10 of 53		
Fill in this in	formation to identify your cas	e and this filing:			
Debtor 1	Amanda Hopkins				
Dobtor 2	First Name	Middle Name	Last Name		
Debtor 2 (Spouse, if filing)	First Name	Middle Name	Last Name		
United States	Bankruptcy Court for the: NC	RTHERN DISTRICT OF MIS	SSISSIPPI		
Case number					☐ Check if this is an
					amended filing
Official F	Form 106A/B				
Sched	ule A/B: Proper	<b>'ty</b>			12/15
think it fits best information. If it Answer every q		s possible. If two married peop parate sheet to this form. On t	le are filing together, both ar he top of any additional page	e equally responsible for su	pplying correct
Part 1: Descr	ibe Each Residence, Building, La	nd, or Other Real Estate You O	wn or Have an Interest In		
1. Do you own	or have any legal or equitable into	erest in any residence, building	ع, land, or similar property?		
■ No. Go to	Part 2.				
☐ Yes. Whe	ere is the property?				
Part 2: Descr	ibe Your Vehicles				
3000					
	lease, or have legal or equital drives. If you lease a vehicle, a				ehicles you own that
	•	•	,	, , , , , , , , , , , , , , , , , , , ,	
3. Cars, varis	, trucks, tractors, sport utility	venicies, motorcycles			
☐ No					
Yes					
	Ford			Do not deduct secured cl	aims or exemptions. Put
3.1 Make:	Ford Escape V-6	Who has an interest in t	he property? Check one	the amount of any secure	ed claims on Schedule D:
Model: Year:	2008	Debtor 1 only		Creditors Who Have Clair	
	mate mileage: 125,000	_ □ Debtor 2 only □ Debtor 1 and Debtor 2	only	Current value of the entire property?	Current value of the portion you own?
• •	formation:	☐ At least one of the deb	•		, ,
		_		¢5 075 00	¢E 07E 00
		(see instructions)	nunity property	\$5,075.00	\$5,075.00
Examples: E	, aircraft, motor homes, ATVs Boats, trailers, motors, personal	and other recreational veh			
☐ Yes					
	ollar value of the portion you I have attached for Part 2. Wri				\$5,075.00
Part 3: Descr	ibe Your Personal and Househole	d Items			
	or have any legal or equitable		wing items?		Current value of the portion you own?  Do not deduct secured

Official Form 106A/B Schedule A/B: Property page 1

claims or exemptions.

D	ebtor 1	Amanda Hop	Document Page 11 of 53  Case number (	(if known)
		old goods and f		
ο.			ces, furniture, linens, china, kitchenware	
	□ No			
	■ Yes.	Describe		
			Stove (\$100), Refrigerator (\$150), Washer & Dryer (\$200),	
			Microwave (\$50), Cooking Utensils (\$150), Living Room Furniture	
			(\$625), Dining Room Furniture (\$200), Bedroom Furniture (\$600), Deep Freezer (\$100)	\$2,175.00
7.	Electron	nics		
	Example		nd radios; audio, video, stereo, and digital equipment; computers, printers, scanners phones, cameras, media players, games	; music collections; electronic devices
	□ No	including cell	priories, carrieras, media piayers, games	
	Yes.	Describe		
			3x 42" TVs (\$150 each), DVD Player (\$10), 52" TV (\$250), Xbox 360	
			(\$150)	\$860.00
_				
8.		oles of value		
	Example		figurines; paintings, prints, or other artwork; books, pictures, or other art objects; sta	mp, coin, or baseball card collections;
	■ No	other concett	ns, memorabilia, collectibles	
	☐ Yes.	Describe		
9.	Equipme	ent for sports ar	nd hobbies	
٠.	Example	es: Sports, photo	graphic, exercise, and other hobby equipment; bicycles, pool tables, golf clubs, skis;	canoes and kayaks; carpentry tools;
	■ No	musical instru	inenis	
	_	Describe		
10	. Firearm	ne		
10			, shotguns, ammunition, and related equipment	
	□ No			
	■ Yes.	Describe		
			Glock 42 pistol	\$400.00
_				
11	. Clothes			
	Examp □ No	oles: Everyday clo	othes, furs, leather coats, designer wear, shoes, accessories	
	_ :::	Describe		
			All clothing	\$200.00
12	. <b>Jewelry</b> Examp		velry, costume jewelry, engagement rings, wedding rings, heirloom jewelry, watches	gems gold silver
	■ No		3.7,	, 3 , 3 ,
	☐ Yes.	Describe		
13	8. Non-fai	rm animals		
		oles: Dogs, cats, l	pirde horeee	
			511 d3, 11013 d3	
	■ No	Doscribo	7103, 1101303	
	☐ Yes.	Describe		
14	☐ Yes.		d household items you did not already list, including any health aids you did n	ot list

Official Form 106A/B Schedule A/B: Property page 2

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Case number (if known) Debtor 1 **Amanda Hopkins** 15. Add the dollar value of all of your entries from Part 3, including any entries for pages you have attached \$3.635.00 for Part 3. Write that number here ..... Part 4: Describe Your Financial Assets Do you own or have any legal or equitable interest in any of the following? Current value of the portion you own? Do not deduct secured claims or exemptions. 16. Cash Examples: Money you have in your wallet, in your home, in a safe deposit box, and on hand when you file your petition □ No ■ Yes..... Cash \$25.00 17. Deposits of money Examples: Checking, savings, or other financial accounts; certificates of deposit; shares in credit unions, brokerage houses, and other similar institutions. If you have multiple accounts with the same institution, list each. □ No Institution name: ■ Yes..... 17.1. Checking SecurTrust FCU \$0.00 17.2. Savings SecurTrust FCU \$2.00 18. Bonds, mutual funds, or publicly traded stocks Examples: Bond funds, investment accounts with brokerage firms, money market accounts No ☐ Yes..... Institution or issuer name: 19. Non-publicly traded stock and interests in incorporated and unincorporated businesses, including an interest in an LLC, partnership, and joint venture No ☐ Yes. Give specific information about them..... Name of entity: % of ownership: 20. Government and corporate bonds and other negotiable and non-negotiable instruments Negotiable instruments include personal checks, cashiers' checks, promissory notes, and money orders. Non-negotiable instruments are those you cannot transfer to someone by signing or delivering them. No ☐ Yes. Give specific information about them Issuer name: 21. Retirement or pension accounts Examples: Interests in IRA, ERISA, Keogh, 401(k), 403(b), thrift savings accounts, or other pension or profit-sharing plans No ☐ Yes. List each account separately. Type of account: Institution name: 22. Security deposits and prepayments Your share of all unused deposits you have made so that you may continue service or use from a company Examples: Agreements with landlords, prepaid rent, public utilities (electric, gas, water), telecommunications companies, or others No ☐ Yes. ..... Institution name or individual: 23. Annuities (A contract for a periodic payment of money to you, either for life or for a number of years) ■ No Issuer name and description. ☐ Yes.....

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Case number (if known) Document Debtor 1 **Amanda Hopkins** 24. Interests in an education IRA, in an account in a qualified ABLE program, or under a qualified state tuition program. 26 U.S.C. §§ 530(b)(1), 529A(b), and 529(b)(1). ■ No Institution name and description. Separately file the records of any interests.11 U.S.C. § 521(c): ☐ Yes..... 25. Trusts, equitable or future interests in property (other than anything listed in line 1), and rights or powers exercisable for your benefit No ☐ Yes. Give specific information about them... 26. Patents, copyrights, trademarks, trade secrets, and other intellectual property Examples: Internet domain names, websites, proceeds from royalties and licensing agreements ☐ Yes. Give specific information about them... 27. Licenses, franchises, and other general intangibles Examples: Building permits, exclusive licenses, cooperative association holdings, liquor licenses, professional licenses No ☐ Yes. Give specific information about them... Money or property owed to you? Current value of the portion you own? Do not deduct secured claims or exemptions. 28. Tax refunds owed to you ☐ No Yes. Give specific information about them, including whether you already filed the returns and the tax years...... \$5,000,00 Tax Refunds **Federal Tax Refunds** \$5.000.00 State **Earned Income Tax Credit** \$5.000.00 29. Family support Examples: Past due or lump sum alimony, spousal support, child support, maintenance, divorce settlement, property settlement ☐ Yes. Give specific information..... 30. Other amounts someone owes you Examples: Unpaid wages, disability insurance payments, disability benefits, sick pay, vacation pay, workers' compensation, Social Security benefits; unpaid loans you made to someone else ■ No ☐ Yes. Give specific information.. 31. Interests in insurance policies Examples: Health, disability, or life insurance; health savings account (HSA); credit, homeowner's, or renter's insurance Π Nο Yes. Name the insurance company of each policy and list its value.

> **Term Life Insurance Policy-No Cash** Value

Company name:

\$0.00

Beneficiary:

page 4

Surrender or refund

value:

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Case number (if known) Document Debtor 1 **Amanda Hopkins** 32. Any interest in property that is due you from someone who has died If you are the beneficiary of a living trust, expect proceeds from a life insurance policy, or are currently entitled to receive property because someone has died. ■ No ☐ Yes. Give specific information.. 33. Claims against third parties, whether or not you have filed a lawsuit or made a demand for payment Examples: Accidents, employment disputes, insurance claims, or rights to sue ■ No ☐ Yes. Describe each claim....... 34. Other contingent and unliquidated claims of every nature, including counterclaims of the debtor and rights to set off claims ☐ Yes. Describe each claim....... 35. Any financial assets you did not already list ■ No ☐ Yes. Give specific information.. 36. Add the dollar value of all of your entries from Part 4, including any entries for pages you have attached \$15,027.00 for Part 4. Write that number here..... Part 5: Describe Any Business-Related Property You Own or Have an Interest In. List any real estate in Part 1. 37. Do you own or have any legal or equitable interest in any business-related property? No. Go to Part 6. ☐ Yes. Go to line 38. Describe Any Farm- and Commercial Fishing-Related Property You Own or Have an Interest In. If you own or have an interest in farmland, list it in Part 1.

46. Do you own or have any legal or equitable interest in any farm- or commercial fishing-related property?

No. Go to Part 7.

☐ Yes. Go to line 47.

Describe All Property You Own or Have an Interest in That You Did Not List Above

53. Do you have other property of any kind you did not already list?

Examples: Season tickets, country club membership

No

☐ Yes. Give specific information.......

54. Add the dollar value of all of your entries from Part 7. Write that number here ......

\$0.00

Official Form 106A/B Schedule A/B: Property page 5

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Case number (if known) Debtor 1 **Amanda Hopkins** List the Totals of Each Part of this Form Part 8: Part 1: Total real estate, line 2 55. \$0.00 Part 2: Total vehicles, line 5 56. \$5,075.00 Part 3: Total personal and household items, line 15 57. \$3,635.00 58. Part 4: Total financial assets, line 36 \$15,027.00 Part 5: Total business-related property, line 45 59. \$0.00 Part 6: Total farm- and fishing-related property, line 52 \$0.00 Part 7: Total other property not listed, line 54 \$0.00 Copy personal property total Total personal property. Add lines 56 through 61... 62. \$23,737.00 \$23,737.00 63. Total of all property on Schedule A/B. Add line 55 + line 62 \$23,737.00

Official Form 106A/B Schedule A/B: Property page 6

		Docume	ent Page 16 of 53	
Fill in this infor	mation to identify your	case:		
Debtor 1	Amanda Hopkins	}		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF MISSISSIPPI	
Case number _				☐ Check if this is an amended filing
Official Fo	orm 106C			aord ming

## Official Form 1000

## Schedule C: The Property You Claim as Exempt

4/19

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on Schedule A/B: Property (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of Part 2: Additional Page as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

- 1. Which set of exemptions are you claiming? Check one only, even if your spouse is filing with you.
  - You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
  - ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)
- 2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

Schedule A/B that lists this property	portion you own	Amo	ount of the exemption you claim	Specific laws that allow exemption
	Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
Stove (\$100), Refrigerator (\$150), Washer & Dryer (\$200), Microwave (\$50), Cooking Utensils (\$150), Living Room Furniture (\$625), Dining Room Furniture (\$200), Bedroom Furniture (\$600), Deep Freezer (\$100) Line from Schedule A/B: 6.1	\$2,175.00		\$2,175.00  100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
3x 42" TVs (\$150 each), DVD Player (\$10), 52" TV (\$250), Xbox 360 (\$150) Line from <i>Schedule A/B</i> : <b>7.1</b>	\$860.00		\$860.00  100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
Glock 42 pistol Line from Schedule A/B: 10.1	\$400.00		\$400.00  100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)
All clothing Line from Schedule A/B: 11.1	\$200.00		\$200.00  100% of fair market value, up to any applicable statutory limit	Miss. Code Ann. § 85-3-1(a)

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Case number (if known)

	· · · · · · · · · · · · · · · · · · ·				
	rief description of the property and line on Schedule A/B that lists this property	Current value of the portion you own	,		Specific laws that allow exemption
		Copy the value from Schedule A/B	Che	eck only one box for each exemption.	
_	Cash ine from <i>Schedule A/B</i> : <b>16.1</b>	\$25.00		\$25.00	Miss. Code Ann. § 85-3-1(a)
Line iro	ine nom <i>Schedule A.B.</i> 19.1			100% of fair market value, up to any applicable statutory limit	
_	Federal: Tax Refunds	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(j)
_	ine nom <i>Schedule A/B.</i> <b>25.</b> i			100% of fair market value, up to any applicable statutory limit	
_	State: Tax Refunds	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(k)
L	ine nom <i>Schedule Arb.</i> <b>25.2</b>			100% of fair market value, up to any applicable statutory limit	
	Earned Income Tax Credit income Tax Credit	\$5,000.00		\$5,000.00	Miss. Code Ann. § 85-3-1(i)
L	ine nom <i>Schedule Alb.</i> <b>25.3</b>			100% of fair market value, up to any applicable statutory limit	
	Are you claiming a homestead exemption Subject to adjustment on 4/01/22 and every			led on or after the date of adjustmen	nt.)
	No				
	Yes. Did you acquire the property cove	red by the exemption wi	ithin 1	,215 days before you filed this case	?
	□ No				
	☐ Yes				

	Document	Page 1	8 of 53		
Fill in this information to identify ye	our case:				
Debtor 1 Amanda Hopk	rine				
First Name	Middle Name	Last Name			
Debtor 2					
(Spouse if, filing) First Name	Middle Name	Last Name			
United States Bankruptcy Court for th	ne: NORTHERN DISTRICT OF M	ISSISSIPPI			
, ,					
Case number					
(if known)				_	if this is an
				amend	led filing
Official Form 106D					
	ss Who Hove Claims	Sooure	nd by Droport		40/45
Schedule D: Creditor	s who have claims	Secure	a by Propert	<u>y                                    </u>	12/15
Be as complete and accurate as possible is needed, copy the Additional Page, fill number (if known).					
1. Do any creditors have claims secured	by your property?				
	t this form to the court with your othe	r schedules.	You have nothing else to	o report on this form.	
_	·	r corrodation.	Touriave nearing close		
Yes. Fill in all of the informatio	n below.				
Part 1: List All Secured Claims			0-1	O-1 D	0-1
2. List all secured claims. If a creditor ha				Column B	Column C
for each claim. If more than one creditor had much as possible, list the claims in alphabeter.			Amount of claim Do not deduct the	Value of collateral that supports this	Unsecured portion
O		41 1 . 1	value of collateral.	claim	If any
2.1 Conns Appliances, Inc.  Creditor's Name	Describe the property that secures	tne claim:	\$3,000.00	\$500.00	\$2,500.00
Creditor 3 Name	Living Room Furntiure				
Post Office Box 2358	As of the date you file, the claim is apply.	Check all that			
Beaumont, TX 77704	Contingent				
Number, Street, City, State & Zip Code	☐ Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	An agreement you made (such as	mortgage or s	ecured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	Statutory lien (such as tax lien, me	echanic's lien)			
At least one of the debtors and another	<b>.</b>	<b>5</b>			
☐ Check if this claim relates to a community debt	Other (including a right to offset)	Purchase	Money Security		
community debt					
Date debt was incurred 03/2019	Last 4 digits of account nun	nber			
2.2 SecurTrust FCU	Describe the property that secures	the claim:	\$7,636.95	\$5,075.00	\$2,561.95
Creditor's Name	2008 Ford Escape V-6 125,0	000 miles			
3870 Goodman Rd E	As of the date you file, the claim is	: Check all that			
Southaven, MS 38672	apply.  Contingent				
Number, Street, City, State & Zip Code	Unliquidated				
	☐ Disputed				
Who owes the debt? Check one.	Nature of lien. Check all that apply.				
■ Debtor 1 only	☐ An agreement you made (such as	mortgage or s	ecured		
Debtor 2 only	car loan)				
Debtor 1 and Debtor 2 only	☐ Statutory lien (such as tax lien, me	echanic's lien)			
☐ At least one of the debtors and another	• •	,			
☐ Check if this claim relates to a	Other (including a right to offset)	Certificat	e of Title		
community debt	. 3 3				
Date debt was incurred 10/2017	Last 4 digits of account nun	nber			

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Debto	or 1	Amanda Ho	pkins		Case number (if known)	
		First Name	Middle Name	Last Name		
A -1 -1	41	della color of co			\$40,000 OF	
		•		this page. Write that number he	ere: \$10,636.95	
		the last page of at number here:	your form, add the dollar va	lue totals from all pages.	\$10,636.95	
Part 2	2:	List Others to I	Be Notified for a Debt Th	at You Already Listed		
trying than o	to c	ollect from you f creditor for any o	or a debt you owe to some	one else, list the creditor in Par	that you already listed in Part 1. For exa t 1, and then list the collection agency h litors here. If you do not have additional	ere. Similarly, if you have more
		ne, Number, Stree	et, City, State & Zip Code <b>System</b>		On which line in Part 1 did you enter the	creditor? <b>2.1</b>
	Re 64	gistered Age	nt for Conn Appliance ast Dr Ste. 101	es,Inc	Last 4 digits of account number	
		ne, Number, Stree	et, City, State & Zip Code		On which line in Part 1 did you enter the	creditor? 2.2
		3 Joe Cox Rd tts Camp, MS			Last 4 digits of account number	

		Document	Page 20 of 53		
Fill in this ir	nformation to identify your c	ase:			
Debtor 1	Amanda Hopkins				
20010	First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United State	s Bankruptcy Court for the:	NORTHERN DISTRICT OF M	ISSISSIPPI		
Case numbe	er				
(if known)				_ c	heck if this is an
				aı	mended filing
Official F	orm 106E/F				
Schedul	e E/F: Creditors W	ho Have Unsecured	Claims		12/15
Schedule G: E Schedule D: C eft. Attach the name and cas	xecutory Contracts and Unexpi reditors Who Have Claims Secu Continuation Page to this page e number (if known).	red Leases (Official Form 106G). I ired by Property. If more space is e. If you have no information to re	list executory contracts on Scheduk Do not include any creditors with pa needed, copy the Part you need, fill port in a Part, do not file that Part. C	rtially secured claims it out, number the ent	that are listed in ries in the boxes on the
	st All of Your PRIORITY Uns				
_ ′	reditors have priority unsecured	I claims against you?			
_	o to Part 2.				
☐ Yes.					
Part 2: Li	ist All of Your NONPRIORIT	V Unsecured Claims			
	reditors have nonpriority unsec				
☐ No. Yo	ou have nothing to report in this pa	art. Submit this form to the court with	your other schedules.		
Yes.					
unsecure	d claim, list the creditor separately	for each claim. For each claim listed	ne creditor who holds each claim. If d, identify what type of claim it is. Do no have more than three nonpriority unse	ot list claims already inc	luded in Part 1. If more
					Total claim
4.1 <b>AD</b>	=	Last 4 digits of acc	count number		Unknown
815	oriority Creditor's Name  City Avenue South	When was the deb	t incurred?		
	ley, MS 38663	As of the date you	file the claim is Charle all that apply		
	ber Street City State Zip Code incurred the debt? Check one.	As of the date you	file, the claim is: Check all that apply		
	ebtor 1 only	☐ Contingent			
	•				
_	ebtor 2 only	☐ Unliquidated			
	ebtor 1 and Debtor 2 only	Disputed  Type of NONPRIOR	RITY unsecured claim:		
	t least one of the debtors and ano		arr anocourca cialili.		
∐ C debt	heck if this claim is for a comm	lullity	ng out of a separation agreement or div	vorce that you did not	
	e claim subject to offset?	report as priority cla		vorce that you did not	
■ N	lo	☐ Debts to pension	n or profit-sharing plans, and other simi	ilar debts	
ΠY	es	Other. Specify	repo account		

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Case number (if known)

Debto	Amanda Hopkins	Case number (if known)	
4.2	Advance America	Last 4 digits of account number	\$400.00
	Nonpriority Creditor's Name 1698 Crescent Meadows Drive	When was the debt incurred?	·
	Holly Springs, MS 38635  Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.	7.6 of the date you me, the dam io. Officer all that apply	
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Signature Loan	
4.3	AFNI	Last 4 digits of account number	\$316.00
	Nonpriority Creditor's Name PO Box 3517	When was the debt incurred?	
	Bloomington, IL 61702-3517		
Numb Who i	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other Specify collections for DISH	
4.4	Baptist Medical Group  Nonpriority Creditor's Name	Last 4 digits of account number	\$0.00
	PO Box 17127 Memphis, TN 38187	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	■ Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	■ Other. Specify medical	
	<b>□</b> 169	Other. Specify	

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Case number (if known)

Deploi i	Amanda Hopkins	Case number (if known)	
		Last 4 digits of account number 1366	\$9,240.00
Р.	O. Box 848988	When was the debt incurred?	
	Campbell Clinic Nonpriority Creditor's Name P.O. Box 848988 Boston, MA 02284 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Credit Protection Association Nonpriority Creditor's Name PO Box 802068 Dallas, TX 75380-2068 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Check if this claim is for a community debt Is the claim subject to offset? No	As of the date you file, the claim is: Check all that apply	
	, ,	7.6 of the date you me, the stand to offeek an that apply	
_		☐ Contingent	
	•	5	
		☐ Unliquidated	
	· ·	Disputed	
		Type of NONPRIORITY unsecured claim:	
		☐ Student loans	
		Dobligations arising out of a separation agreement or divorce that you did not report as priority claims	
_	•	□ Debts to pension or profit-sharing plans, and other similar debts	
	• • •		
Ц	Yes	Other. Specify medical	
		Last 4 digits of account number	\$163.00
PC	Box 802068	When was the debt incurred?	
		As of the date you file, the claim is: Check all that apply	
Wh	o incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
_	•	□ Disputed	
	•	Type of NONPRIORITY unsecured claim:	
_		Student loans	
	•	☐ Obligations arising out of a separation agreement or divorce that you did not	
		report as priority claims	
	No	☐ Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify collections for MaxxSouth	
	rst Heritage Credit hpriority Creditor's Name	Last 4 digits of account number 34MP	\$3,199.61
10	5 E. Van Dorn Avenue blly Springs, MS 38635	When was the debt incurred?	
Nu	mber Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Wh	o incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	Disputed	
_	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	Check if this claim is for a community	☐ Student loans	
del		☐ Obligations arising out of a separation agreement or divorce that you did not	
ls t	he claim subject to offset?	report as priority claims	
	No	lacktriangle Debts to pension or profit-sharing plans, and other similar debts	
	Yes	■ Other. Specify Signature Loan	

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r 1 Amanda Hopkins	Case number (if known)	
Franklin Collection Service, Inc.	Last 4 digits of account number	\$700.00
PO Box 3910	Inclin Collection Service, Inc.  priority Creditor's Name  Box 3910  beton MS 38803-3910  beton 1 and Debtor 2 only  telebror 1 and Debtor 2 only  telebror 1 and Debtor 3 only  telebror 1 and Debtor 4 only  telebror 1 only  telebror 2 only  telebror 1 only  telebror 1 only  telebror 2 only  telebror 1 only  telebror 1 only  telebror 2 only  telebror 1 only  telebror 1 only  telebror 2 only  telebror 3 only  telebror 4 only  telebror 5 Name  Box 5143  Type of NONPRIORITY unsecured claim:  Suddent loans  Other. Specify  Type of NONPRIORITY unsecured claim:  Type of NONPRIORITY unsecured	
Franklin Collection Service, Inc. Nonpriority Creditor's Name PO Box 3310 Tupelo, MS 38803-3910 Number Street City State 2p Code Who incurred the debt? Check one.  Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt is the claim subject to offset?  Internal Revenue Service Nonpriority Creditor's Name Centralized Insolvency Services P.O. Box 7346 Philadelphia, PA 19101 Number Street City State 2p Code Who incurred the debt? Check one. Debtor 1 only Debtor 1 and Debtor 2 only At least one of the debtors and another continued the claim subject to offset?  Internal Revenue Service Nonpriority Creditor's Name Centralized Insolvency Services P.O. Box 7346 Philadelphia, PA 19101 Number Street City State 2p Code Who incurred the debt? Check one. Debtor 1 only New Street City State 2p Code Who incurred the debtors and another continued the debtor and another continued the debtor and potential continued to the claim subject to offset?  Methodist Emergency Physicians PLC Nonpriority Creditor's Name P.O. Box 5143 Memphis, Th 38101 Number Street City State 2p Code Who incurred the debtors and another continued the debt continued to the claim subject to offset? Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 5 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 1 only Debtor 6 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 only Debtor 6 only Debtor 6 only Debtor 7 only Debtor 8 only Debtor 9 only Debtor 9 only Debtor 9 only Debtor 1 only Debtor 2 only Debtor 3 only Debtor 4 only Debtor 5 o		
	As of the date you file, the claim is: Check all that apply	
Debtor 1 only	☐ Contingent	
☐ Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	☐ Disputed	
$\square$ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
☐ Check if this claim is for a community	☐ Student loans	
	<u>.</u>	
		40.00
	Last 4 digits of account number	\$0.00
. ,	When was the debt incurred?	
	As of the date you file the claim is: Check all that apply	
·	As of the date you me, the damins. Oneon all that apply	
_	☐ Contingent	
,		
	·	
	•	
	<u></u>	
•	☐ Obligations arising out of a separation agreement or divorce that you did not	
<u>•</u>	report as priority claims	
No		
Yes	■ Other. Specify notice only	
Methodist Emergency Physicians		
	Last 4 digits of account number	\$0.00
	When was the debt incurred?	
Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
Who incurred the debt? Check one.		
Debtor 1 only	☐ Contingent	
Debtor 2 only	☐ Unliquidated	
☐ Debtor 1 and Debtor 2 only	•	
$\square$ At least one of the debtors and another	<u> </u>	
No	☐ Debts to pension or profit-sharing plans, and other similar debts	
□Yes	■ Other. Specify medical	
	Franklin Collection Service, Inc. Nonpriority Creditor's Name PO Box 3910 Tupelo, MS 38803-3910 Number Street City State Zip Code Who incurred the debt? Check one.  Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Internal Revenue Service Nonpriority Creditor's Name Centralized Insolvency Services P.O. Box 7346 Philadelphia, PA 19101 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No Yes  Methodist Emergency Physicians PLLC Nonpriority Creditor's Name P.O. Box 5143 Memphis, TN 38101 Number Street City State Zip Code Who incurred the debt? Check one. Debtor 1 only Debtor 2 only Debtor 2 only Debtor 1 and Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? Debtor 1 only Debtor 1 only Debtor 2 only At least one of the debtors and another Check if this claim is for a community debt Is the claim subject to offset? No	Last 4 digits of account number

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Debtor 1 Amanda Hopkins ase number (if known) 4.1 \$700.00 **Midwest Recovery Systems** Last 4 digits of account number Nonpriority Creditor's Name 2747 W Clay Street, Suite A When was the debt incurred? Saint Charles, MO 63301 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ☐ Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify collections for 1st American Cash Advance ☐ Yes 4.1 Mississippi Department Of Revenue \$0.00 Last 4 digits of account number Nonpriority Creditor's Name **Bankruptcy Division** When was the debt incurred? P.O. Box 22808 Jackson, MS 39225 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt ☐ Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No Debts to pension or profit-sharing plans, and other similar debts ☐ Yes ■ Other. Specify notice only 4.1 Regional One Health Multiple \$11,772.22 3 Last 4 digits of account number Nonpriority Creditor's Name Post Office Box 50668 When was the debt incurred? Knoxville, TN 37950 Number Street City State Zip Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ☐ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt  $\square$  Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims lacksquare Debts to pension or profit-sharing plans, and other similar debts ■ No ■ Other. Specify medical

☐ Yes

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Case number (if known)

Debto	Amanda Hopkins	Case number (if known)	
4.1	Tracir Financial	Last 4 digits of account number	\$9,000.00
·	Nonpriority Creditor's Name CT Corporation System Registered Agent 645 LAKELAND DRIVE EAST DR., STE 101	When was the debt incurred?	
	Flowood, MS 39232  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	■ Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only	☐ Unliquidated	
	Debtor 1 and Debtor 2 only	☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt Is the claim subject to offset?	$\square$ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify collections account	
4.1 5	Tracir Financial 1, Inc  Nonpriority Creditor's Name	Last 4 digits of account number	\$23,368.32
	f/k/a Central Miss. Credit Corp c/o Stephen Gardner PO Box 6005 Ridgeland, MS 39158	When was the debt incurred?	
	Number Street City State Zip Code	As of the date you file, the claim is: Check all that apply	
	Who incurred the debt? Check one.		
	Debtor 1 only	☐ Contingent	
	Debtor 2 only	☐ Unliquidated	
	☐ Debtor 1 and Debtor 2 only	☐ Disputed	
	At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	Student loans	
	debt Is the claim subject to offset?	☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims	
	No	Debts to pension or profit-sharing plans, and other similar debts	
	Yes	Other. Specify	
4.1	UT Regional One Physicians	Last 4 digits of account number 2468	\$2,890.00
	Nonpriority Creditor's Name Post Office Box 5153	When was the debt incurred?	
	Memphis, TN 38101  Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the claim is: Check all that apply	
	Debtor 1 only	☐ Contingent	
	☐ Debtor 2 only ☐ Debtor 1 and Debtor 2 only	☐ Unliquidated ☐ Disputed	
	☐ At least one of the debtors and another	Type of NONPRIORITY unsecured claim:	
	☐ Check if this claim is for a community	☐ Student loans	
	debt	☐ Obligations arising out of a separation agreement or divorce that you did not	
	Is the claim subject to offset?	report as priority claims	
	■ No	Debts to pension or profit-sharing plans, and other similar debts	
	☐ Yes	Other. Specify medical	

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4.1 Wakefield & Associates	Last 4 digits of account numl	per	Unknown		
Nonpriority Creditor's Name 7005 Middlebrook Pike	When was the debt incurred?	·	-		
Number Street City State Zip Code  Who incurred the debt? Check one.	As of the date you file, the cla	aim is: Check all that apply			
■ Debtor 1 only	☐ Contingent				
Debtor 2 only	☐ Unliquidated				
Debtor 1 and Debtor 2 only	☐ Disputed				
	Type of NONPRIORITY unsec	ured claim:			
☐ At least one of the debtors and another	☐ Student loans	aroa olami.			
☐ Check if this claim is for a community debt	_	separation agreement or divorce that you did not			
Is the claim subject to offset?	report as priority claims	separation agreement of divorce that you did not			
■ No	Debts to pension or profit-sh	naring plans, and other similar debts			
Yes	Other. Specify collection	ons for SE Emergency Phys	-		
Part 3: List Others to Be Notified About a De	ebt That You Already Listed				
<ol><li>Use this page only if you have others to be notified is trying to collect from you for a debt you owe to s have more than one creditor for any of the debts th notified for any debts in Parts 1 or 2, do not fill out</li></ol>	omeone else, list the original credite at you listed in Parts 1 or 2, list the	or in Parts 1 or 2, then list the collection agenc	y here. Similarly, if you		
Name and Address	On which entry in Part 1 or Part 2 did	· ·			
Campbell Clinic	Line 4.5 of (Check one):	Part 1: Creditors with Priority Unsecured Cla			
PO Box 14000 Belfast, ME 04915		■ Part 2: Creditors with Nonpriority Unsecured	Claims		
Deliust, ME 04313	Last 4 digits of account number				
Name and Address Central Mississippi Credit Corp	On which entry in Part 1 or Part 2 did Line 4.15 of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Cla			
1080 River Oaks Dr Ste B100 Flowood, MS 39232-7644		Part 2: Creditors with Nonpriority Unsecured	Claims		
110W0004, INC 00202 1044	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Corporation Service Company	Line 4.2 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Cla	ims		
Registered Agent Advance America		■ Part 2: Creditors with Nonpriority Unsecured	Claims		
7716 Old Canton Rd, Ste C					
Madison, MS 39110					
	Last 4 digits of account number				
Name and Address  Dish Network	On which entry in Part 1 or Part 2 did Line <b>4.3</b> of ( <i>Check one</i> ):	you list the original creditor?  □ Part 1: Creditors with Priority Unsecured Cla	ims		
PO Box 9033		■ Part 2: Creditors with Nonpriority Unsecured	Claims		
Littleton, CO 80160	Last 4 digits of account number				
	<del>-</del>				
Name and Address Henry Holbrook	On which entry in Part 1 or Part 2 did Line <b>4.14</b> of ( <i>Check one</i> ):				
494 E. Coopwood	Line 4.14 of (Check one):	Part 1: Creditors with Priority Unsecured Cla			
Holly Springs, MS 38635		■ Part 2: Creditors with Nonpriority Unsecured	Claims		
	Last 4 digits of account number				
Name and Address	On which entry in Part 1 or Part 2 did	you list the original creditor?			
Marshall County Circuit Court	Line <b>4.15</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Cla	ims		
Post Office Box 459		■ Part 2: Creditors with Nonpriority Unsecured	Claims		
Holly Springs, MS 38635	Last 4 digits of account number				
N	<del>-</del>	P. C.			
Name and Address  Marshall County Justice Court	On which entry in Part 1 or Part 2 did Line <b>4.7</b> of ( <i>Check one</i> ):	you list the original creditor?  Part 1: Creditors with Priority Unsecured Cla	ims		
Post Office Drawer 729	c. (onoon ono).	Part 2: Creditors with Nonpriority Unsecured			
Holly Springs, MS 38635			Oiaiilia		
	Last 4 digits of account number	34MP			

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Case number (if known)

Amanda mopkins						
Name and Address		2 did you list the original creditor?				
Maxx South	Line 4.6 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
105 Allison Cv		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Oxford, MS 38655-7375		• •				
	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?				
North Mississippi Medical Center	Line 4.8 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
Post Office Box 2240		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Tupelo, MS 38803						
	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?				
Regional One Health	Line 4.13 of (Check one):	☐ Part 1: Creditors with Priority Unsecured Claims				
PO Box 11192		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Knoxville, TN 37939	Last 4 digits of account number					
	Last 4 digits of account number					
Name and Address	On which entry in Part 1 or Part	2 did you list the original creditor?				
SE Emergency Physicians, Inc.	Line <b>4.17</b> of ( <i>Check one</i> ):	☐ Part 1: Creditors with Priority Unsecured Claims				
P.O. Box 634706		■ Part 2: Creditors with Nonpriority Unsecured Claims				
Cincinnati, OH 45263-4706		. ,				
	Last 4 digits of account number					

### Part 4: Add the Amounts for Each Type of Unsecured Claim

6. Total the amounts of certain types of unsecured claims. This information is for statistical reporting purposes only. 28 U.S.C. §159. Add the amounts for each type of unsecured claim.

				Total Claim
Total	6a.	Domestic support obligations	6a.	\$ 0.00
claims from Part 1	6b.	Taxes and certain other debts you owe the government	6b.	\$ 0.00
	6c.	Claims for death or personal injury while you were intoxicated	6c.	\$ 0.00
	6d.	Other. Add all other priority unsecured claims. Write that amount here.	6d.	\$ 0.00
	6e.	Total Priority. Add lines 6a through 6d.	6e.	\$ 0.00
				Total Claim
Total	6f.	Student loans	6f.	\$ 0.00
claims from Part 2	6g.	Obligations arising out of a separation agreement or divorce that you did not report as priority claims	6g.	\$ 0.00
	6h.	, , , , , , , , , , , , , , , , , , , ,	6h.	\$ 0.00
	6i.	<b>Other.</b> Add all other nonpriority unsecured claims. Write that amount here.	6i.	\$ 61,749.15
	6j.	Total Nonpriority. Add lines 6f through 6i.	6j.	\$ 61,749.15

		12(1)		
Fill in this infor	mation to identify your	case:		
Debtor 1	Amanda Hopkins	3		
	First Name	Middle Name	Last Name	
Debtor 2				
(Spouse if, filing)	First Name	Middle Name	Last Name	
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF MISSISSIPPI	
Case number				
(if known)				☐ Check if this amended fill

## Official Form 106G

## Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
  - □ No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
  - Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

Person or company with whom you have the contract or lease Name, Number, Street, City, State and ZIP Code	State what the contract or lease is for
2.1 Progressive Leasing 256 West Data Drive Draper, UT 84020	Tire lease

		Document	Page 29 of 5	53	
Fill in this in	nformation to identify your ca				
Debtor 1	Amanda Hopkins				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	) First Name	Middle Name	Last Name		
United State	es Bankruptcy Court for the:	NORTHERN DISTRICT OF M	IISSISSIPPI		
Case number (if known)	er			☐ Check i	
	Form 106H ule H: Your Code	btors			12/15
people are fi fill it out, and your name a	iling together, both are equall	y responsible for supplying exes on the left. Attach the A nswer every question.	correct information Additional Page to th	omplete and accurate as possible. If . If more space is needed, copy the Anis page. On the top of any Additiona a codebtor.	Additional Page,
□ No ■ Yes					
	n the last 8 years, have you liv , California, Idaho, Louisiana, N			(Community property states and territor con, and Wisconsin.)	ies include
	Go to line 3. Did your spouse, former spouse	e, or legal equivalent live with	you at the time?		
in line 2	2 again as a codebtor only if the 1960 as a codebtor only if t	nat person is a guarantor or	cosigner. Make sur	your spouse is filing with you. List the eyou have listed the creditor on Sch.). Use Schedule D, Schedule E/F, or S	edule D (Official
	olumn 1: Your codebtor ame, Number, Street, City, State and ZIP C	code		Column 2: The creditor to whom you Check all schedules that apply:	u owe the debt
49	enry Holbrook 94 E. Coopwood Dr olly Springs, MS 38635			☐ Schedule D, line ■ Schedule E/F, line4.15 ☐ Schedule G Tracir Financial 1, Inc	

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Fill	in this information to identify y	our case:						
Deb	otor 1 Amanda	a Hopkins			_			
	otor 2 use, if filing)				_			
Uni	ted States Bankruptcy Court fo	or the: NORTHERN DISTRIC	CT OF MISSISSIPPI					
	se number own)		-				ed filing ent showin	g postpetition chapter ollowing date:
<u>O</u> 1	fficial Form 106I					MM / DD/	YYYY	
So	chedule I: Your I	ncome						12/1
supį spoi attad	as complete and accurate as olying correct information. If use. If you are separated and the a separate sheet to this formation.  Describe Employment	you are married and not fili I your spouse is not filing w orm. On the top of any additi	ng jointly, and your sith you, do not include	spouse de infor	is liv matic	ing with you, inc on about your sp	lude inforn ouse. If mo	nation about your ore space is needed,
1.	Fill in your employment information.		Debtor 1			Debtor	2 or non-fi	ling spouse
	If you have more than one jo attach a separate page with information about additional	b, Employment status	<ul><li>■ Employed</li><li>□ Not employed</li></ul>			☐ Emp	loyed employed	
	employers.	Occupation	Cashier					
	Include part-time, seasonal, self-employed work.	or <b>Employer's name</b>	Dollar Tree					
	Occupation may include stude or homemaker, if it applies.	dent Employer's address	540 S Craft St Holly Springs, M	MS 3863	35			
		How long employed t	here? 06/2018	3				
Par	Give Details About	t Monthly Income						
	mate monthly income as of t use unless you are separated.	he date you file this form. If	you have nothing to re	eport for	any l	ine, write \$0 in the	e space. Inc	clude your non-filing
	u or your non-filing spouse have space, attach a separate she		ombine the information	n for all e	emplo	oyers for that pers	on on the li	nes below. If you need
						For Debtor 1		btor 2 or ing spouse
2.		salary, and commissions (b		2.	\$	1,571.81	\$	N/A
3.	Estimate and list monthly of	overtime pay.		3.	+\$	54.17	+\$	N/A

1,625.98

N/A

Calculate gross Income. Add line 2 + line 3.

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Deb	tor 1	Amanda Hopkins		С	Case number (if known)			
	Сор	y line 4 here	4.		For Debtor 1 \$ 1,625.98		ebtor 2 or iling spouse N/A	
5.	List	all payroll deductions:						
J.	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.	Tax, Medicare, and Social Security deductions Mandatory contributions for retirement plans Voluntary contributions for retirement plans Required repayments of retirement fund loans Insurance Domestic support obligations Union dues Other deductions. Specify:	5a. 5b. 5c. 5d. 5e. 5f. 5g. 5h.		\$ 280.69 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00	\$ \$ \$ \$ \$ +	N/A N/A N/A N/A N/A N/A N/A	- - - - -
6.	Add	the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h.	6.	,	\$280.69	\$	N/A	-
7.	Cald	culate total monthly take-home pay. Subtract line 6 from line 4.	7.	(	\$1,345.29	\$	N/A	_
8.	8b. 8c. 8d. 8e. 8f. 8g. 8h.	all other income regularly received:  Net income from rental property and from operating a business, profession, or farm  Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total monthly net income.  Interest and dividends  Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce settlement, and property settlement.  Unemployment compensation  Social Security  Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies.  Specify: Son's SSI  SNAP benefits  Pension or retirement income Other monthly income. Specify:	8a. 8b. 8c. 8d. 8e. 8f.		\$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 0.00 \$ 771.00 \$ 225.00 \$ 0.00 \$ 0.00	\$	N/A N/A N/A N/A N/A N/A	
9.	Add	all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h.	9.	\$	996.00	\$	N/A	<u> </u>
10.		culate monthly income. Add line 7 + line 9.  the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse.	0.	\$_	2,341.29 + \$		<b>N/A</b> = \$	2,341.29
	Incluothe Do r Spe		depe	able	to pay expenses list	ed in <i>Sc</i>	hedule J. 11. +\$	0.00
	Writ appl	you expect an increase or decrease within the year after you file this form?	n Lial				12. \$ Combir monthly	2,341.29 ned y income
		No. Yes. Explain:						

Official Form 106l Schedule I: Your Income page 2

Fill	in this informa	tion to identify yo	our case:			I			
	otor 1					Ch	neck if th	ie ie:	
	7.01	Amanda Ho	JKIIIS					nended filing	
	otor 2 ouse, if filing)								ving postpetition chapter the following date:
Unit	ted States Bankr	uptcy Court for the	: NORTH	IERN DISTRICT OF MISS	SISSIPPI		MM /	DD / YYYY	
1	se number (nown)								
0	fficial Fo	rm 106J				•			
S	chedule	J: Your	Exper	ises					12/1
info	ormation. If m		eded, atta	. If two married people and chanother sheet to this n.					
Par		ibe Your House	∍hold						
1.	Is this a joir								
	■ No. Go to		in a sonar	ate household?					
	□ res. <b>Doe</b>		iii a sepai	ate nousenou:					
	_		st file Offici	al Form 106J-2, Expenses	s for Separate House	ehold of De	ebtor 2.		
2.	Do vou have	e dependents?	□ No						
	Do not list D Debtor 2.	•	Yes.	Fill out this information for each dependent	Dependent's relat Debtor 1 or Debto			ependent's ge	Does dependent live with you?
	Do not state	the							□ No
	dependents	names.			Daughter		8		Yes
					Daughter		9		□ No ■
					Daugillei				■ Yes □ No
					Son		1:	2	■ Yes
									□ No
					Son		1	5	Yes
3.	expenses o	enses include f people other t d your depende	:han ┌┌	No Yes					
Par		ate Your Ongoi							
exp				uptcy filing date unless y y is filed. If this is a supp					
the	value of sucl	n assistance an		government assistance i				Your expe	onses
(Of	ficial Form 10	юі.)						тош охро	
4.		or home owners and any rent for th		ses for your residence. I or lot.	nclude first mortgage	e 4.	\$		450.00
	If not includ	led in line 4:							
	4a. Real e	estate taxes				4a.	\$		0.00
		rty, homeowner's	s, or renter	's insurance		4b.			0.00
			•	upkeep expenses		4c.	\$		50.00
_		owner's associa		dominium dues our residence, such as ho	ma aguitu la ara	4d.	\$ \$		0.00
:)	AUGITIONAL P	norioade pavm	TOF VC	uu residence, siich as ho	THE POURTY IDANS	~	т.		(1 (1))

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Deb	otor 1	Amanda	Hopkins	Cas	se num	ber (if known)	
6.	Utiliti	ies:					
٥.	6a.		heat, natural gas		6a.	\$	330.00
	6b.	-	ver, garbage collection		6b.	·	15.00
	6c.		e, cell phone, Internet, satellite, and cal	le services	6c.	·	167.00
	6d.	Other. Spe			6d.	·	0.00
7.			ekeeping supplies		7.	·	525.00
8.			hildren's education costs		8.	\$	100.00
9.			ry, and dry cleaning		9.	*	75.00
		•	roducts and services		10.	·	30.00
		•	ntal expenses		11.	·	60.00
			Include gas, maintenance, bus or train	fare.		<u> </u>	
			ar payments.	Taro.	12.	\$	75.00
13.			clubs, recreation, newspapers, mag	azines, and books	13.	\$	0.00
14.	Char	itable cont	ributions and religious donations		14.	\$	0.00
15.	Insur	rance.	•			·	
	Do no	ot include in	surance deducted from your pay or inc	luded in lines 4 or 20.			
	15a.	Life insura	nce		15a.	\$	0.00
	15b.	Health ins	urance		15b.	\$	0.00
	15c.	Vehicle ins	surance		15c.	\$	100.00
	15d.	Other insu	rance. Specify:		15d.	\$	0.00
16.	Taxe	s. Do not in	clude taxes deducted from your pay or	included in lines 4 or 20.			
	Spec	,			16.	\$	0.00
17.			ease payments:				
			ents for Vehicle 1		17a.	·	356.00
			ents for Vehicle 2		17b.	\$	0.00
	17c.	Other. Spe	ecify:		17c.	\$	0.00
		Other. Spe			17d.	\$	0.00
18.			of alimony, maintenance, and supp		4.0	•	0.00
			your pay on line 5, Schedule I, Your		18.	\$	0.00
19.			s you make to support others who d	o not live with you.		\$	0.00
	Spec	·			19.	_	
20.			erty expenses not included in lines	or 5 of this form or on Schedule			0.00
			s on other property		20a.	·	0.00
		Real estat			20b.	·	0.00
			nomeowner's, or renter's insurance		20c.		0.00
			ce, repair, and upkeep expenses		20d.	·	0.00
			er's association or condominium dues		20e.	·	0.00
21.	Othe	r: Specify:			21.	+\$	0.00
22	Calci	ulate vour i	monthly expenses				
			through 21.			\$	2,333.00
			2 (monthly expenses for Debtor 2), if a	ov from Official Form 106.I-2		\$	2,333.00
			a and 22b. The result is your monthly			φ	0.000.00
	22C. /	Add line 22	a and 22b. The result is your monthly t	expenses.		\$	2,333.00
23.	Calcu	ulate your i	monthly net income.				
	23a.	Copy line	12 (your combined monthly income) fro	m Schedule I.	23a.	\$	2,341.29
	23b.	Copy your	monthly expenses from line 22c above	<b>)</b> .	23b.	-\$	2,333.00
							,
	23c.	Subtract y	our monthly expenses from your month	lly income.			0.00
			is your monthly net income.		23c.	\$	8.29
	_						
24.			an increase or decrease in your exposure or loan was expect to finish paying for your car loan was expected.				roaco or docroaco beccuso of a
			ou expect to finish paying for your car loan w terms of your mortgage?	umi me year or do you expect your mor	ıyaye	payment to inci	ease of decrease because of a
	■ No		, o aogago .				
			Evalois horo:				
	□ Ye	es.	Explain here:				

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Fill in this info	rmation to identify your	caso:			
Debtor 1					
Debior 1	Amanda Hopkins First Name	Middle Name	Last Name		
Debtor 2					
(Spouse if, filing)	First Name	Middle Name	Last Name		
United States B	Sankruptcy Court for the:	NORTHERN DISTRICT	T OF MISSISSIPPI		
Case number					
(if known)					Check if this is an amended filing
You must file th obtaining mone	nis form whenever you fi	ile bankruptcy schedule n connection with a ban		rect information.  . Making a false statement, coin fines up to \$250,000, or impl	
Sig	gn Below				
Did you pa	ay or agree to pay some	one who is NOT an atto	rney to help you fill out b	ankruptcy forms?	
■ No					
☐ Yes.	Name of person				etition Preparer's Notice, nature (Official Form 119)
	alty of perjury, I declare re true and correct.	that I have read the sun	nmary and schedules filed	d with this declaration and	
X /s/ Am	nanda Hopkins		X		
Aman	nda Hopkins ure of Debtor 1		Signature of	Debtor 2	
-					

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	in this inform	nation to identify you	r case:									
Debtor 1		Amanda Hopkir			Last Name							
Del	btor 2	First Name	Middle Name		Last Name							
	ouse if, filing)	First Name	Middle Name		Last Name							
Uni	ited States Bar	nkruptcy Court for the:	NORTHERN DISTRICT	OF MIS	SISSIPPI							
Ca	se number											
1	nown)						☐ Check if this is an amended filing					
	ficial Fo											
St	atement	of Financial	Affairs for Indivi	iduals	s Filing for B	Bankruptcy		4/1				
			ible. If two married people									
		ore space is needed i). Answer every que	, attach a separate sheet to stion.	this for	m. On the top of an	y additional pages, wr	ite your	name and case				
Pai	rt 1: Give D	etails About Your M	arital Status and Where Yo	u Lived	Before							
••	What is your current marital status?											
	Married											
	Not married											
2.	During the last 3 years, have you lived anywhere other than where you live now?											
	□ No											
	Yes. List	t all of the places you	lived in the last 3 years. Do	not includ	de where you live nov	٧.						
	Debtor 1 Prior Address: Dates Debto			1	Debtor 2 Prior Address:			Dates Debtor 2				
			lived there					lived there				
	229 Cox St Baldwyn, MS 38824			From-To: Same 06/2017-06/2018		me as Debtor 1		☐ Same as Debtor 1 From-To:				
	<b>_</b> a.a., .											
	590 Lamar	Rd	From-To:		☐ Same as Debtor	1		☐ Same as Debtor 1				
	Lamar, MS				- Came as Design	•		From-To:				
_												
3. stat			ver live with a spouse or le alifornia, Idaho, Louisiana, N									
	■ No □ Vos Ma	ko suro vou fill out So	hedule H: Your Codebtors (C	Official E	orm 106∐)							
		ke sure you iiii out 30	nedule 11. Toul Codebiols (C	Jiliciai F	Jilli 10011).							
Pai	rt 2 Explain	n the Sources of You	ır Income									
4.	Did you have	any income from e	mnlovment or from operati	ing a hus	siness during this v	ear or the two previous	s calend	lar vears?				
٠.	Did you have any income from employment or from operating a business during this year or the two previous calendar years?  Fill in the total amount of income you received from all jobs and all businesses, including part-time activities.											
	If you are filing a joint case and you have income that you receive together, list it only once under Debtor 1.											
	□ No											
	Yes. Fill	in the details.										
Debtor 1					Debtor 2							
			Sources of income		ss income	Sources of income		Gross income				
			Check all that apply.	` .	ore deductions and usions)	Check all that apply.		(before deductions and exclusions)				
								,				

Official Form 107

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Debtor 1 Amanda Hopkins

	Debtor 1		Debtor 2		
	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	Sources of income Check all that apply.	Gross income (before deductions and exclusions)	
From January 1 of current year until the date you filed for bankruptcy:	■ Wages, commissions, bonuses, tips	\$14,304.21	☐ Wages, commissions, bonuses, tips		
	☐ Operating a business		☐ Operating a business		
For last calendar year: (January 1 to December 31, 2018)	■ Wages, commissions, bonuses, tips	\$21,337.00	☐ Wages, commissions, bonuses, tips		
	Operating a business		☐ Operating a business		
For the calendar year before that: (January 1 to December 31, 2017)	■ Wages, commissions, bonuses, tips	\$13,498.00	☐ Wages, commissions, bonuses, tips		
	Operating a business		☐ Operating a business		
List each source and the gross inco  No Yes. Fill in the details.  From January 1 of current year until	Debtor 1 Sources of income Describe below.	Gross income from each source (before deductions and exclusions)	Debtor 2 Sources of income Describe below.	Gross income (before deductions and exclusions)	
the date you filed for bankruptcy:	Social Security Benefits	\$7,710.00			
	SNAP Benefits	\$2,250.00			
For last calendar year: (January 1 to December 31, 2018)	Social Security Benefits	\$9,252.00			
For the calendar year before that: (January 1 to December 31, 2017 )	Social Security Benefits	\$9,252.00			
Part 3: List Certain Payments You	Made Before You Filed for	Bankruptcy			
6. Are either Debtor 1's or Debtor 2'	s debts primarily consume	r debts? umer debts. Consumer debts	are defined in 11 U.S.C. § 10	01(8) as "incurred by an	
□ No. Go to line 7		id you pay any creditor a total id a total id a total of \$6,825* or more in		the total amount you	

\* Subject to adjustment on 4/01/22 and every 3 years after that for cases filed on or after the date of adjustment.

not include payments to an attorney for this bankruptcy case.

paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do

Amanda Hopkins Yes. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? □ No. Go to line 7. List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address **Dates of payment** Total amount Amount you Was this payment for ... paid still owe SecurTrust FCU 08/2019-10/2019 \$356.00 \$7,800.00 ■ Mortgage 3870 Goodman Rd E Car Southaven, MS 38672 ☐ Credit Card ☐ Loan Repayment ☐ Suppliers or vendors □ Other Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. No ☐ Yes. List all payments to an insider. **Insider's Name and Address** Amount you Reason for this payment Dates of payment Total amount still owe paid Within 1 year before you filed for bankruptcy, did you make any payments or transfer any property on account of a debt that benefited an insider? Include payments on debts guaranteed or cosigned by an insider. Yes. List all payments to an insider **Insider's Name and Address** Dates of payment Total amount Amount you Reason for this payment Include creditor's name still owe paid Part 4: Identify Legal Actions, Repossessions, and Foreclosures Within 1 year before you filed for bankruptcy, were you a party in any lawsuit, court action, or administrative proceeding? List all such matters, including personal injury cases, small claims actions, divorces, collection suits, paternity actions, support or custody modifications, and contract disputes. Nο Yes. Fill in the details. Case title Nature of the case Court or agency Status of the case Case number First Heritage Credit vs. Amanda collections **Marshall County Justice** Pending **Hopkins** Court ☐ On appeal 1833334-MP Post Office Drawer 729 □ Concluded Holly Springs, MS 38635 Central Mississippi Credit Corp vs. Collections **Marshall County Circuit** Pending Henry Holbrook & Amanda Court □ On appeal Kennedy Post Office Box 459 □ Concluded CV2015-355 Holly Springs, MS 38635

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Debtor 1

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10.	Within 1 year before you filed for bankru Check all that apply and fill in the details be		was any of your property repossessed, foreclosed,	garnished, attached	d, seized, or levied?
	□ No. Go to line 11.				
	Yes. Fill in the information below.				
	Creditor Name and Address	D	escribe the Property	Date	Value of the
		E	xplain what happened		property
	Tracir Financial	W	/ages		\$300.00
	CT Corporation System Registered Agent	г	Property was repossessed.		
	645 LAKELAND DRIVE EAST DR.,		Property was repossessed.  Property was foreclosed.		
	STE 101		Property was garnished.		
	Flowood, MS 39232		Property was attached, seized or levied.		
11.	Within 90 days before you filed for banks accounts or refuse to make a payment b  ■ No □ Yes. Fill in the details.  Creditor Name and Address	ecaus	, did any creditor, including a bank or financial ins e you owed a debt?  escribe the action the creditor took	Date action was	amounts from your Amount
				taken	
	■ No □ Yes  t5: List Certain Gifts and Contribution  Within 2 years before you filed for bankr ■ No □ Yes. Fill in the details for each gift.  Gifts with a total value of more than \$60	uptcy,	did you give any gifts with a total value of more th	an \$600 per person <sup>.</sup> Dates you gave	? Value
	per person  Person to Whom You Gave the Gift and Address:			the gifts	
14.	Within 2 years before you filed for bankr  ■ No □ Yes. Fill in the details for each gift or co		did you give any gifts or contributions with a total	value of more than	\$600 to any charity?
	Gifts or contributions to charities that to more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Code		Describe what you contributed	Dates you contributed	Value
Par	t 6: List Certain Losses				
15.	Within 1 year before you filed for bankru or gambling?	ptcy o	r since you filed for bankruptcy, did you lose anytl	ning because of thef	t, fire, other disaster
	No Silling the last in				
	Yes. Fill in the details.	Desi		Date of vern	Value of manager
	Describe the property you lost and how the loss occurred	Includ	ribe any insurance coverage for the loss de the amount that insurance has paid. List pending ance claims on line 33 of Schedule A/B: Property.	Date of your loss	Value of property lost

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Debtor 1 Amanda Hopkins

Part 7:	List Certain	<b>Payments</b>	or	<b>Transfers</b>

ıaı	List Certain rayments of Transfers					
16.	Within 1 year before you filed for bankruptcy, d consulted about seeking bankruptcy or prepari Include any attorneys, bankruptcy petition preparer	ng a bankruptcy pet	ition?			ty to anyone you
	□ No ■ Yes. Fill in the details.					
	Person Who Was Paid Address Email or website address Person Who Made the Payment, if Not You	Description and votransferred	alue of any proper	ty	Date payment or transfer was made	Amount of payment
	Schneller & Lomenick, P.A. 126 North Spring Street Post Office Box 417 Holly Springs, MS 38635 rlomenick@gmail.com	Attorney Fees (\$ (\$335)	\$1,165), Filing Fe	ees	10/02/2019	\$1,500.00
17.	Within 1 year before you filed for bankruptcy, d promised to help you deal with your creditors on Do not include any payment or transfer that you list.  No	or to make payments			transfer any proper	ty to anyone who
	Yes. Fill in the details.					
	Person Who Was Paid Address	Description and vertransferred	alue of any proper	ty	Date payment or transfer was made	Amount of payment
18.	Within 2 years before you filed for bankruptcy, transferred in the ordinary course of your busin Include both outright transfers and transfers made include gifts and transfers that you have already list	ness or financial affa as security (such as t	irs? ne granting of a sec			
	■ No □ Yes. Fill in the details.					
		Description and o	-lf	Dagarilaa		Data transfer was
	Person Who Received Transfer Address	Description and vo			ny property or received or debts hange	Date transfer was made
	Person's relationship to you					
19.	Within 10 years before you filed for bankruptcy, beneficiary? (These are often called asset-protection No		y property to a self	-settled tru	st or similar device o	of which you are a
	☐ Yes. Fill in the details.					
	Name of trust	Description and v	alue of the propert	y transferre	ed	Date Transfer was made
Par	t 8: List of Certain Financial Accounts, Instru	ments, Safe Deposit	Boxes, and Storag	ge Units		
20.	Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or ot	•			•	
	houses, pension funds, cooperatives, associati	ions, and other finan	cial institutions.			
	Yes. Fill in the details.					
		st 4 digits of count number	Type of account of instrument	clos	e account was sed, sold, ved, or asferred	Last balance before closing or transfer

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Debtor 1 Amanda Hopkins

21.	Do you now have, or did you have within 1 yea cash, or other valuables?	r before you filed for bankruptcy, a	ny safe deposit box or other deposito	ory for securities,
	■ No			
	Yes. Fill in the details.			
	Name of Financial Institution Address (Number, Street, City, State and ZIP Code)	Who else had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
22.	Have you stored property in a storage unit or p  ■ No □ Yes. Fill in the details.	lace other than your home within 1	year before you filed for bankruptcy	?
	Name of Storage Facility Address (Number, Street, City, State and ZIP Code)	Who else has or had access to it? Address (Number, Street, City, State and ZIP Code)	Describe the contents	Do you still have it?
Pai	t 9: Identify Property You Hold or Control for	Someone Else		
23.	Do you hold or control any property that some for someone.	one else owns? Include any proper	ty you borrowed from, are storing for	r, or hold in trust
	■ No			
	Yes. Fill in the details.			
	Owner's Name Address (Number, Street, City, State and ZIP Code)	Where is the property? (Number, Street, City, State and ZIP Code)	Describe the property	Value
Pai	t 10: Give Details About Environmental Inform	ation		
For	the purpose of Part 10, the following definitions	annly		
1 01	the purpose of rait 10, the following definitions	арріу.		
	Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su	air, land, soil, surface water, ground	<b>-</b> .	
	Site means any location, facility, or property as to own, operate, or utilize it, including disposal		law, whether you now own, operate, o	or utilize it or used
	Hazardous material means anything an environ hazardous material, pollutant, contaminant, or		waste, hazardous substance, toxic s	substance,
Rep	ort all notices, releases, and proceedings that y		they occurred.	
24.	Has any governmental unit notified you that yo	u may be liable or potentially liable	under or in violation of an environme	ental law?
	■ No			
	Yes. Fill in the details.			
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice
25.	Have you notified any governmental unit of any	release of hazardous material?		
	■ No			
	Yes. Fill in the details.			
		Governmental unit	Environmental law if you	Date of notice
	Name of site Address (Number, Street, City, State and ZIP Code)	Governmental unit Address (Number, Street, City, State and ZIP Code)	Environmental law, if you know it	Date of notice

26. Have you been a party in any judicial or administrative proceeding under any environmental law? Include settlements and orders. Yes. Fill in the details. **Case Title** Nature of the case Status of the Court or agency **Case Number** Name case Address (Number, Street, City, State and ZIP Code) Part 11: Give Details About Your Business or Connections to Any Business 27. Within 4 years before you filed for bankruptcy, did you own a business or have any of the following connections to any business? ☐ A sole proprietor or self-employed in a trade, profession, or other activity, either full-time or part-time A member of a limited liability company (LLC) or limited liability partnership (LLP) ☐ A partner in a partnership ☐ An officer, director, or managing executive of a corporation ☐ An owner of at least 5% of the voting or equity securities of a corporation No. None of the above applies. Go to Part 12. Yes. Check all that apply above and fill in the details below for each business. Describe the nature of the business **Employer Identification number Business Name** Address Do not include Social Security number or ITIN. (Number, Street, City, State and ZIP Code) Name of accountant or bookkeeper Dates business existed 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? Include all financial institutions, creditors, or other parties. No Yes. Fill in the details below. Name **Date Issued** Address (Number, Street, City, State and ZIP Code) Part 12: Sign Below I have read the answers on this Statement of Financial Affairs and any attachments, and I declare under penalty of perjury that the answers are true and correct. I understand that making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571. /s/ Amanda Hopkins **Amanda Hopkins** Signature of Debtor 2 Signature of Debtor 1 Date October 8, 2019 **Date** Did you attach additional pages to Your Statement of Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? No ☐ Yes Did you pay or agree to pay someone who is not an attorney to help you fill out bankruptcy forms? ☐ Yes. Name of Person . Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119).

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Debtor 1 Amanda Hopkins

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Fill in this infor	mation to identify your	case:			
Debtor 1	Amanda Hopkins				
Dahtano	First Name	Middle Name	Last Name		
Debtor 2 (Spouse if, filing)	First Name	Middle Name	Last Name		
United States Ba	ankruptcy Court for the:	NORTHERN DISTRICT	OF MISSISSIPPI		
Case number (if known)					☐ Check if this is an amended filing
Official Fo		n for Individu	ıals Filing Unde	r Chapter	7 12/15
	lividual filing under cha	pter 7, you must fill out t ur property, or	his form if:		
You must file thi	is form with the court wever is earlier, unless th		oired. ile your bankruptcy petition or e for cause. You must also ser		
	eople are filing together nd date the form.	r in a joint case, both are	equally responsible for supp	lying correct inform	mation. Both debtors must
	and accurate as possib our name and case nur		led, attach a separate sheet to	this form. On the	top of any additional pages,

Part 1: List Your Creditors Who Have Secured Claims

1. For any creditors that you listed in Part 1 of Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D), fill in the information below.

information below. Identify the creditor and the property that is collateral	What do you intend to do with the property that secures a debt?	Did you claim the property as exempt on Schedule C?
Creditor's Conns Appliances, Inc. name:	☐ Surrender the property. ☐ Retain the property and redeem it.	□ No
Description of Living Room Furntiure property securing debt:	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	■ Yes
Creditor's SecurTrust FCU name:	☐ Surrender the property. ☐ Retain the property and redeem it.	■ No
Description of property securing debt:  2008 Ford Escape V-6 125,000 miles	<ul><li>■ Retain the property and enter into a Reaffirmation Agreement.</li><li>□ Retain the property and [explain]:</li></ul>	☐ Yes

Part 2: List Your Unexpired Personal Property Leases

For any unexpired personal property lease that you listed in Schedule G: Executory Contracts and Unexpired Leases (Official Form 106G), fill in the information below. Do not list real estate leases. Unexpired leases are leases that are still in effect; the lease period has not yet ended. You may assume an unexpired personal property lease if the trustee does not assume it. 11 U.S.C. § 365(p)(2).

Describe your unexpired personal property leases

Will the lease be assumed?

Official Form 108

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Del	btor 1	Amanda I	Hopkins	Case number (if known)
Les	ssor's na	ame:	Progressive Leasing	■ No
				☐ Yes
	scriptior perty:	n of leased	Tire lease	
		Sign Below		
	•		ry, I declare that I have indicated t to an unexpired lease.	I my intention about any property of my estate that secures a debt and any personal
X	/s/ A	manda Ho	pkins	X
	Ama	nda Hopki	ns	Signature of Debtor 2
	Signa	ture of Debt	or 1	
	Date	Octob	er 8, 2019	Date

# Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

### This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

### The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

Chapte	er 7:	Liquidation	
	\$245	filing fee	-
	\$75	administrative fee	
<u>+</u>	\$15	trustee surcharge	
	\$335	total fee	

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes;

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft:

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

#### **Chapter 11: Reorganization**

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

### Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

### Chapter 12: Repayment plan for family farmers or fishermen

	\$200	filing fee
+	\$75	administrative fee
_	\$275	total fee

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

# Chapter 13: Repayment plan for individuals with regular income

	\$235	filing fee
+	\$75	administrative fee
	\$310	total fee

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes,

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

### Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: <a href="http://www.uscourts.gov/bkforms/bankruptcy\_forms.html">http://www.uscourts.gov/bkforms/bankruptcy\_forms.html</a>#procedure.

#### Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

#### Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

### Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: <a href="http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html">http://justice.gov/ust/eo/hapcpa/ccde/cc\_approved.html</a>

In Alabama and North Carolina, go to: <a href="http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit">http://www.uscourts.gov/FederalCourts/Bankruptcy/Bankruptcy/BankruptcyResources/ApprovedCredit</a> AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list. Case 19-14098-JDW Doc 1 Filed 10/08/19 Entered 10/08/19 16:10:14 Desc Main Document Page 48 of 53

B2030 (Form 2030) (12/15)

### United States Bankruptcy Court Northern District of Mississippi

In re	Amanda Hopkins		Case No	
	·	Debtor(s)	Chapter	7
	DISCLOSURE OF COMPE	NSATION OF ATTO	RNEY FOR D	EBTOR(S)
cc	rrsuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016 mpensation paid to me within one year before the filir rendered on behalf of the debtor(s) in contemplation	ng of the petition in bankruptcy.	, or agreed to be pai	d to me, for services rendered or to
	For legal services, I have agreed to accept			1,165.00
	Prior to the filing of this statement I have received		\$	1,165.00
	Balance Due		\$	0.00
2. \$_	<b>335.00</b> of the filing fee has been paid.			
3. T	ne source of the compensation paid to me was:			
	■ Debtor □ Other (specify):			
4. T	ne source of compensation to be paid to me is:			
	■ Debtor □ Other (specify):			
5. <b>I</b>	I have not agreed to share the above-disclosed comp	pensation with any other person	unless they are men	mbers and associates of my law firm.
C	I have agreed to share the above-disclosed compens copy of the agreement, together with a list of the na			
5. I1	return for the above-disclosed fee, I have agreed to re	ender legal service for all aspect	ts of the bankruptcy	case, including:
b. c.	Analysis of the debtor's financial situation, and rend Preparation and filing of any petition, schedules, star Representation of the debtor at the meeting of credit [Other provisions as needed] Negotiations with secured creditors to reaffirmation agreements and application 522(f)(2)(A) for avoidance of liens on ho	tement of affairs and plan which ors and confirmation hearing, and reduce to market value; exc ons as needed; preparation	n may be required; nd any adjourned he emption planning	earings thereof; g; preparation and filing of
7. B	agreement with the debtor(s), the above-disclosed fe Representation of the debtors in any diany other adversary proceeding. Addit Creditors, and/or re-opening the case for	schargeability actions, judi tional fees for adding new (	cial lien avoidan	
		CERTIFICATION		
	ertify that the foregoing is a complete statement of an akruptcy proceeding.	ny agreement or arrangement for	r payment to me for	representation of the debtor(s) in
Oct Da	tober 8, 2019 e	Is/ Robert H. Lome Robert H. Lomen Signature of Attorna Schneller & Lome 126 North Spring Post Office Box 4	lick 104186 ey enick, P.A. Street	

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### United States Bankruptcy Court Northern District of Mississippi

		Northern District of Mississippi		
n re	Amanda Hopkins		Case No.	
		Debtor(s)	Chapter	7
	VER	RIFICATION OF CREDITOR N	MATRIX	
e ab	ove-named Debtor hereby verifies	s that the attached list of creditors is true and co	rrect to the best	of his/her knowledge.
ate:	October 8, 2019	/s/ Amanda Hopkins		
		Amanda Hopkins		

Signature of Debtor

ADF 815 City Avenue South Ripley, MS 38663

Advance America 1698 Crescent Meadows Drive Holly Springs, MS 38635

AFNI PO Box 3517 Bloomington, IL 61702-3517

Baptist Medical Group PO Box 17127 Memphis, TN 38187

Campbell Clinic P.O. Box 848988 Boston, MA 02284

Campbell Clinic PO Box 14000 Belfast, ME 04915

Central Mississippi Credit Corp 1080 River Oaks Dr Ste B100 Flowood, MS 39232-7644

Conns Appliances, Inc. Post Office Box 2358
Beaumont, TX 77704

Corporation Service Company Registered Agent Advance America 7716 Old Canton Rd, Ste C Madison, MS 39110

Credit Protection Association PO Box 802068 Dallas, TX 75380-2068

Ct Corporation System
Registered Agent for Conn Appliances, Inc
645 Lakeland East Dr Ste. 101
Flowood, MS 39232-9099

Dish Network PO Box 9033 Littleton, CO 80160

First Heritage Credit 105 E. Van Dorn Avenue Holly Springs, MS 38635

Franklin Collection Service, Inc. PO Box 3910 Tupelo, MS 38803-3910

Henry Holbrook 494 E. Coopwood Holly Springs, MS 38635

Henry Holbrook 494 E. Coopwood Dr Holly Springs, MS 38635

Internal Revenue Service Centralized Insolvency Services P.O. Box 7346 Philadelphia, PA 19101

Marshall County Circuit Court Post Office Box 459 Holly Springs, MS 38635

Marshall County Justice Court Post Office Drawer 729 Holly Springs, MS 38635

Maxx South 105 Allison Cv Oxford, MS 38655-7375

Methodist Emergency Physicians PLLC P.O. Box 5143 Memphis, TN 38101

Midwest Recovery Systems 2747 W Clay Street, Suite A Saint Charles, MO 63301

Mississippi Department Of Revenue Bankruptcy Division P.O. Box 22808 Jackson, MS 39225

North Mississippi Medical Center Post Office Box 2240 Tupelo, MS 38803

Progressive Leasing 256 West Data Drive Draper, UT 84020

Regional One Health Post Office Box 50668 Knoxville, TN 37950

Regional One Health PO Box 11192 Knoxville, TN 37939

SE Emergency Physicians, Inc. P.O. Box 634706 Cincinnati, OH 45263-4706

SecurTrust FCU 3870 Goodman Rd E Southaven, MS 38672

Tracir Financial CT Corporation System Registered Agent 645 LAKELAND DRIVE EAST DR., STE 101 Flowood, MS 39232

Tracir Financial 1, Inc f/k/a Central Miss. Credit Corp c/o Stephen Gardner PO Box 6005 Ridgeland, MS 39158

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UT Regional One Physicians Post Office Box 5153 Memphis, TN 38101

Wakefield & Associates 7005 Middlebrook Pike Knoxville, TN 37909

Willis Mcneil 603 Joe Cox Rd Potts Camp, MS 38659